



City of Gloucester
City Clerk's Office
9 Dale Avenue
Gloucester, Massachusetts 01930
978-281-9720

VITAL RECORD REQUEST FORM

I WISH TO REQUEST A:

☐ BIRTH* ☐ MARRIAGE* ☐ DEATH CERTIFICATE

FOR: _____

DATE OF BIRTH / MARRIAGE / DEATH: _____

NAME OF PARENTS (IF KNOWN): _____

I WOULD LIKE _____ COPY/COPIES OF SAID DOCUMENT (\$15.00 for 1st Copy,
\$7.50 for each copy of the same record)

* Some vital records are restricted under Massachusetts law. If the record is restricted (parents were not married at time of birth, father not named, or in a marriage if any parents were not married at the time of either partner's birth); please send a notarized photocopy of your driver's license; since only those named on the certificate have a right to said document)

Please mail** above request to me:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

** Include a self-addressed, stamped envelope along with payment